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## BIB DATA SHEET

CONFIRMATION NO. 2234

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|---------------------|
| 10/577,864    |                                  | 241   | 3725           | 06180/LH            |

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/JP04/16102 10/29/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2003-369579 10/29/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

03/03/2007

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | STATE OR COUNTRY                | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|---------------------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                 |                 |              |                    |
| Verified and<br>Acknowledged   | /MARK<br>ROSENBAUM/<br>Examiner's Signature                         | Met after Allowance<br>Initials | JAPAN           | 16           | 9                  |
|                                |   |                                 |                 |              | 1                  |

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**TITLE**

Crushing apparatus

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                   |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                   |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
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